



HIV Disease Monitoring, Prevention, and Care: Primary Medical Care and Support Services

The Ryan White HIV/AIDS Treatment and Modernization Act of 2006 (Public Law 109-415, as authorized and amended under Part B of Title XXVI of the Public Health Service (PHS) Act) supports an annual award to every US state, territory and protectorate. In Louisiana, a significant portion of these federal resources have been allocated to support Ambulatory/Outpatient Medical Care, the comprehensive Health Insurance Program (resources to support the payment of premiums, co-payments and deductibles) and Support Services to link, and then maintain, low income HIV-infected persons in medical care. The result of reducing staff or funding for this program would be an increase in the number of persons who experience HIV-related morbidity, disability or mortality due to a lack of access to appropriate health care services. This is especially true for HIV-infected pregnant women and HIV-exposed infants. Additionally, the cost of providing expensive specialty medical care, in-patient stays and other medical interventions could further strain the State's primary medical care infrastructure and resources dedicated to Louisiana Medicaid. If funding was increased, services available through the HIV/AIDS Program could be expanded to include specialty medical care services and additional support services to maintain low income persons in care (transportation to medical appointments, increased prophylaxis oral health care services, etc.).

Objective

1. Min 70% of persons living with HIV (PLWH) who receive Ryan White Part B services will access HIV-related medical care at least twice a year (national standard).
2. No greater than 5% disparity will exist between African American PLWH who access HIV-related medical care compared to White PLWH.

Performance Indicators

1. Percent of persons who receive Ryan White Part B services and access HIV-related medical care at least twice a year as indicated by laboratory results reported to OPH.

2. Difference in proportion of African American PLWH who access HIV-related medical care compared to White PLWH.

Narrative

The Louisiana Office of Public Health HIV/AIDS Program (OPH-HAP) receives funding from the Health Resources and Services Administration (HRSA) under the Ryan White HIV/AIDS Treatment Modernization Act of 2006. After the provision of medications through the Louisiana AIDS Drug Assistance Program (ADAP), the greatest resources are targeted to Ambulatory/Outpatient Medical Care, the comprehensive Health Insurance Program (resources to support the payment of premiums, co-payments and deductibles) and Support Services. Access to these key services is available to persons who have a documented HIV diagnosis, are residents of Louisiana, are low income (200% FPL or below) and who have no third party payer source. Through maintained access to private insurance, high quality medical care, diagnostic laboratory services and support services, persons living with HIV can continue to work and contribute to the State tax base, can prevent vertical transmission from mother to child, can delay disease progression from HIV to AIDS, and can avoid expensive in-patient stays and specialty medical care due to HIV-related morbidity or disability. Access to health coverage through private insurance reduces the need for public assistance. A limited amount of State General Funds are utilized to assist in meeting the 2:1 State “match” required for this program. OPH-HAP works with LSU HCSD to track medical center expenditures on HIV-related care and record those as the required State match.

Administration of the award includes:

1. Preparing the annual application to HRSA for Part B and Part B Supplemental funding, as well as progress reports;
2. Meeting all required federal Conditions of Grant Award, including the provision of services to Women, Infants, Children and Youth;
3. Preparing and overseeing a competitive application process to release available funds to community partners. Preparing annual contracts with providers of medical and support services;
4. Reconciling monthly invoices from contracted providers and approving payments;
5. Collecting client level data on all persons who accessed services to meet federal reporting requirements;

6. Monitoring contracted agencies through annual site visits, review of quarterly reports and monthly calls to ensure compliance with federal and State statutes, program requirements, and client satisfaction.

7. Collaborating with LSU HCSD and LSU Shreveport to ensure expenditures sufficient to achieve the required State match.

Better Health

Access to Ambulatory/Outpatient Medical Care and Support Services is available to all Louisiana residents living with HIV disease who are low income (200% FPL or below) and do not have a third party payer source. This program provides medical care, diagnostic laboratory services and support services to men, women, pregnant women, infants, youth and children who reside in all 64 parishes of the state and who do not have a disability. As persons living with HIV maintain their health, they are able to work, achieve educational goals, parent their children, participate fully in their community and continue to contribute to the tax base.

In order to maximize available resources, OPH-HAP collaborates closely with agencies that provide medical care and support services to low income persons living with HIV, such as private insurers, Louisiana Medicaid, Medicare, and the VA. All clients are screened vigorously for program eligibility and referred to other resources if ineligible for Ryan White services. Case Managers supported by OPH-HAP are trained on available benefit programs and which one(s) would best meet the client's needs.

OPH-HAP collaborates with other State agencies, including OMH, OAD, and Louisiana Medicaid, and programs within OPH (MCH, Family Planning, STD, and TB) to assure access to complimentary services for low-income PLWH.

Without resources to support these services, inevitably more persons living with HIV would progress to an AIDS diagnosis and disability, and HIV-related morbidity and disability would place a greater strain on the medical care infrastructure and allocated resources to Louisiana Medicaid. Individuals with private insurance coverage supported by this program would seek public assistance and there would be an overall increase in ER visits and hospitalizations. Transmission from mother-to-child during pregnancy and the need for specialized neonatal care would also increase, escalating overall cost to public and private insurers.

CFDA Number 93.917 Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, as authorized and amended under Part B of Title XXVI of the Public Health Service (PHS) Act).

- In FY 2009, OPH-HAP successfully applied for federal funding in the amount of \$7 million dollars to provide HIV-related Ambulatory/Outpatient Medical Care and Support Services to low income persons living in Louisiana with HIV disease.
- In FY 2008, OPH-HAP provided 5,830 unduplicated, eligible clients with medical and social services through the Ryan White Part B funding, including the provision of assistance to 466 eligible HIV-infected persons through the comprehensive Health Insurance Program.
- Completed a comprehensive Statewide Needs Assessment in the fall of 2008, successfully surveying 1,833 persons living with HIV/AIDS to determine their identified priority needs and assist in allocating federal funds to meet those needs.